

Surgical Staged Eating Plan Standard Operating Procedure

V1.0

August 2026

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Data Protection Legislation

The Trust must comply with the UK GDPR, Data Protection Act 2018, and Data (Use and Access) Act 2025 by ensuring all personal data is processed lawfully, fairly, transparently, and for a defined purpose.

Before processing personal data, an appropriate Article 6 UK GDPR lawful basis must be identified and recorded. Where special category data is involved, a relevant Article 9 condition must also be documented.

All staff, contractors, students, volunteers, agency workers, and third parties working on behalf of the Trust are responsible for complying with data protection legislation.

Further guidance is available in the Trust's Information Use Framework and Information Governance policies. Advice can also be obtained from the Information Governance Team.

1. Introduction

- 1.1. Surgical patients may require a special diet to support their nutrition and enhance their recovery following surgical procedures or to manage symptoms when returning to eating.
- 1.2. The type and texture of diet has not before been standardised, leading to confusing recommendations for patients, nurses, other health care professionals, and the catering teams.

2. Purpose of this Standard Operating Procedure

- 2.1. To provide a safe, structured, and consistent approach to reintroducing oral intake in surgical and critical care patients using a four-stage framework.
- 2.2. This SOP applies to all adult surgical patients who require dietary modification following surgery or to manage symptoms prior to surgery excluding those with specific clinical contraindications (e.g. severe dysphagia, high-risk GI surgeries, or as per surgical directive or Dietetic / SALT input).
- 2.3. This SOP outlines the stages through which patients can transition and how this transition can be optimised at ward level.

3. Ownership and Responsibilities

Responsibility lies with all those involved in a patient's nutritional care, from advice to provision, to ensure appropriate delivery of suitable fluid and food and timely progression through the stages.

3.1 Role of the Surgical Team

Surgical teams are responsible for:

- Documenting starting stage within operation note or upon ward level assessment and reassessing and documenting readiness for progression at daily ward review.
- Communicating the required stage of eating to nursing staff and patient daily.
- Considering when a referral to the dietitian is required for more specialist support when concerns exist over malnutrition or when patient is unable to follow the recommended diet.

3.2 Role of the Nurses

Nursing staff are responsible for:

- Ensuring handover from surgical team is received
- Updating nutrition and hydration handover sheet on a daily basis to reflect changes to the patient's recommended diet.

- Ensuring that updates are communicated to the ward catering teams on a daily basis or more frequently if required.
- Responsible for supporting patients with the recommended dietary stage, monitoring patient's tolerance to stage of diet and escalating any concerns to the surgical team.
- Considering when a referral to the dietitian for specialist support might be appropriate where concerns exist regarding malnutrition or for when the patient is unable to follow the recommended diet.

3.3 Role of the ward host / ward catering team

Ward hosts are responsible for:

- Offering options to patient from the 'a la carte' surgical stages menu, in line with the advice on specific stage that was communicated by nursing staff on the nutrition and hydration handover sheet.
- Ensuring the patient received their ordered meal and escalating concerns with provision to the nursing team.

3.4 Role of the Dietitian

The ward dietitian is responsible for:

- Providing advice for complex cases and supporting nutritional optimisation at each stage when involved.
- Adapting the staged eating plan according to individual patient needs when required.

3.5 Role of the Speech and Language Therapy (SLT) Team

Speech and Language Therapists are responsible for:

- Being involved where swallowing concerns (Oro-pharyngeal Dysphagia) exist.
- Ensuring any SLT recommendations for post-operative diets following the surgical staged eating plan are made in discussion with the MDT to ensure appropriacy of food choices.
- SLT recommendations for post-operative patients following the Surgical Staged Eating Plan should be discussed in liaison with the multi-disciplinary team to ensure appropriacy of the consistencies recommended.
- SLT Recommendations should have a yellow sign behind the bed, and the advice communicated to nursing staff for appropriate dissemination.

4. Standards and Practice

Staged eating plan overview:

Stage	Definition	Examples*
Clear Fluids	Transparent thin liquids	Water, squash, Bovril
Free Fluids	Smooth fluids including those with some thickness	Milk, custard, ice cream, ensure plus
Light (lower fibre) diet	Lower fibre food options from set menu	As per a la carte menu: surgical staged eating plan*
Regular diet	Regular hospital menu as per nutritional needs	Hospital menu

*see appendix 3: Surgical staged eating plan

4.1. Initiation of oral intake at chosen stage

The surgical team confirms and documents starting stage within operation note. If not post operative but recommencing diet following e.g. bowel obstruction, then starting stage would be confirmed and documented during ward round.

4.2. Progression Criteria:

- 4.2.1. Patient tolerates current stage without nausea, vomiting, bloating, or pain, or any other clinical concern.
- 4.2.2. Clinical team reviews and documents readiness to progress on a daily basis. Progression should be documented in medical notes and communicated with nursing staff.
- 4.2.3. Progression should be individualised to the patient and guided by the surgical team. It should be reviewed every 12-24hrs and progressed if no clinical contraindications.

4.3. Monitoring and documentation:

- 4.3.1 Starting stage for diet should be documented in operation note. If no specific stage is required then 'normal diet' can be documented.
- 4.3.2 Patient's dietary Intake should be documented on the food and hydration chart.
- 4.3.3 Patient tolerance of food and fluid should be documented in medical notes with any concerns highlighted to the surgical team.
- 4.3.4 Use of nutritional supplements should be recorded.

4.4. Contraindications

- 4.4.1 Patients who are nil by mouth.
- 4.4.2 When post-op instructions dictate delayed oral intake (e.g. bowel rest, sips of water only).
- 4.4.3 Diagnosed dysphagia without SLT guidance. Any SLT guidance should be provided in conjunction with this diet plan where appropriate.

5. Dissemination and Implementation

- 5.1. A copy of the surgical stages menu plan will be available on all wards within the menu folder.
- 5.2. Training will be provided at ward level by dietitians to nursing staff, surgical teams and catering staff. Information has been disseminated at surgical governance meetings within upper and lower GI surgery, vascular and gynecology specialties.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Documentation of starting stage in operation notes will be audited initially at 6 months and biennially thereafter as will appropriate and timely progression through stages at ward level.
Lead	Dietitians: Faith Toogood – Critical Care Dietitian.
Tool	Audit checklist.
Frequency	Annual review/audit.
Reporting arrangements	Report to NSG biennially. Report to relevant critical care / surgical governance meetings only when changes to the plan are made.
Acting on recommendations and Lead(s)	Critical Care / surgical dietitians to take ongoing responsibility for changes to the surgical staged eating plan and providing education thereof.
Change in practice and lessons to be shared	Required changes to the surgical staged eating plan, identified through audit will be identified and actioned within 8 weeks. A lead member of the dietetic team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders including surgical and critical care teams, nursing staff and ward catering staff.

7. Updating and Review

The Surgical Staged Eating Plan will be reviewed every 3 years.

8. Equality and Diversity

- 8.1 This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity and Inclusion Policy](#) or the [Equality and Diversity website](#).

- 8.2 Quality and Equality Impact Assessment (QEIA)

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged. The Quality and Equality Impact Assessment (QEIA) Form is available via the link in Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Surgical Staged Eating Plan Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New document
Date Issued/Approved:	August 2026
Date Valid From:	August 2026
Date Valid To:	August 2029
Author / Owner:	Faith Toogood, Dietitian
Contact details:	07826906263 / 01872 862424
Brief summary of contents:	Guide for restarting and progressing patients through graded stages of fluid and food following surgery or periods of not eating.
Suggested Keywords:	Post op diet, post surgery eating, surgical stages eating plan.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Deputy Chief Executive and Chief Nursing Officer
Approval route for consultation and ratification:	Nutrition Steering Group. Therapies Senior Management Team meeting.
Manager confirming approval processes:	Clare Rotman
Name of Governance Lead confirming consultation and ratification:	Becky Lester
Links to key external standards:	Non National Institute for Health and Care Excellence (NICE) CG32 Nutrition support for adults. NICE NG180 Perioperative care in adults.
Related Documents:	Surgical Stages Eating Plan in appendices.

Information Category	Detailed Information
Training Need Identified:	Yes. Training to be carried out at ward level.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Dietetics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
August 2025	V1.0	Initial issue	Faith Toogood, Dietitian

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus six.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Quality and Equality Impact Assessment (QEIA) Form

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged.

Please ensure you have completed a Quality and Equality Impact Assessment (QEIA) using this link to complete the form:

[E11 QEIA Policy](#)

For guidance, please see the [QEIA Essentials – Quick Reference Guide](#) or contact as required below:

Equality, Diversity and Inclusion guidance, please contact: rcht.inclusion@nhs.net

Quality Governance guidance, please contact Jillian Tozer: jillian.tozer3@nhs.net

Appendix 3. Surgical Staged Menu



Surgical Staged Menu

Clear Fluids

Water

Black Tea

Weak Black Instant Coffee

Clear Apple Juice

Blackcurrant / Lemon / Orange Squash
with Water

Ice Poles

Jelly

Yeast / Bovril Drink

Fruit and Herbal Tea

Free Fluids

All clear fluids plus:

Milk

Milkshakes such as Nesquik

Smooth Yoghurt (no bits)

Cream of Tomato Soup (tinned)

Ice Cream

Custard

Hot Chocolate

Ovaltine

Ensure Plus (standard)

Smooth Fruit Juice



Light Diet (Lower fibre)

All clear fluids, free fluids plus menu options as follows:

Mains

Roast Haddock in Tomato and Thyme
Breaded Fish
Chicken in Tarragon Sauce
Roast Turkey and Gravy
Cottage Pie
Macaroni Cheese
Vegetarian Sausages in Red Wine Gravy

Side Orders / Vegetables

Mashed Potato
White Rice
Broccoli
Mashed Carrot and Swede

Dessert:

Ground Rice Pudding
Stewed Apple and Custard
Apple and Cinnamon Sponge
Jam Sponge and Custard
Yoghurt

Breakfast

Rice Krispies or Cornflakes
with Milk
White Toast
with Butter and/or
Apricot Jam/Marmite/Honey
Yoghurt
Porridge

Soup

Orange, Carrot & Coriander
Cream of Tomato & Basil

Sandwiches on White Bread

Cheese
Ham
Tuna Mayonnaise

Snacks

Cheese and Biscuits
Biscuits
Crisps
Yogurts